

MDR Tracking Number: M5-04-1104-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 16, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The MRI of the spinal cord, lumbar spine, upper extremity and lower extremity were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 27th day of February 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 06/05/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 27th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

February 24, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-1104-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 42 year-old female who sustained a work related injury on ___. The patient reported that she tripped over a box and fell sustaining injuries to her neck, low back, left shoulder, left knee, and left wrist. The patient was evaluated in an emergency room where she was given an injection for pain and her left wrist was placed in a splint. The patient was then referred to another physician for a diagnosis of left Colles fracture and was placed in a univalved cast. After removal of the cast, the patient had been treated with physical therapy that consisted of paraffin bath, electrical stimulation, exercises and cold packs. A progress note dated 5/20/03 indicated that the patient had undergone an EMG that showed radiculopathy from the cervical spine down into the upper extremities. Another progress note dated 5/27/03 indicated that the patient was being referred for an MRI of the cervical spine, left shoulder, left knee, and lumbar spine. The patient underwent the requested MRI on 6/5/03. The MRI of the cervical spine was reported as normal. The left shoulder MRI indicated moderate hypertrophic degenerative changes involving the acromioclavicular joint with a Grade I impingement of the musculotendinous junction of the supraspinatus muscle, and altered signal involving the tendon for the supraspinatus muscle at the insertion of the greater tuberosity of the humerus, suggestive of a small tear of the rotator cuff. The MRI of the left knee and lumbar spine were reported as normal.

Requested Services

MRI of the spinal cord, lumbar spine, upper extremity and lower extremity on 6/5/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 42 year-old female who sustained a work related injury to her neck, low back, left shoulder, left knee and left wrist on _____. The ___ chiropractor reviewer indicated that the patient underwent an MRI of the spinal cord, lumbar spine, upper extremity, and lower extremity on 6/5/03. The ___ chiropractor reviewer explained that on 6/9/03, all the above mentioned areas of injury were deemed to be compensable injuries related to the work related injury on _____. The ___ chiropractor reviewer also explained that the carrier is responsible for all medical bills related to the areas deemed compensable injuries. The ___ chiropractor reviewer further explained that the MRI's should be compensated because they are related to this patient's work related injury sustained on _____. Therefore, the ___ chiropractor consultant concluded that the MRI of the spinal cord, lumbar spine, upper extremity and lower extremity on 6/5/03 were medically necessary to diagnose and treat this patient's condition.

Sincerely,